

-2 Passed Lt. 9/09

V 9205

**W5YI-VEC PROGRAM**  
**EXAMINATION ANSWER SHEET**

(Print)

Name: CHAD L. GIBSON

Element: 2 Test Series: 3 Date: 8-4-91 Signature: [Signature]

- [1.] A ☐ B ☐ C ☐ D ☒
- [2.] A ☒ B ☐ C ☐ D ☐
- [3.] A ☐ B ☒ C ☐ D ☐
- [4.] A ☐ B ☒ C ☐ D ☐
- [5.] A ☐ B ☐ C ☒ D ☐
- [6.] A ☐ B ☒ C ☒ D ☐
- [7.] A ☐ B ☒ C ☐ D ☐
- [8.] A ☐ B ☐ C ☒ D ☐
- [9.] A ☒ B ☐ C ☐ D ☐
- [10.] A ☒ B ☐ C ☐ D ☐
- [11.] A ☐ B ☐ C ☒ D ☐
- [12.] A ☐ B ☐ C ☐ D ☒
- [13.] A ☐ B ☒ C ☐ D ☐
- [14.] A ☐ B ☒ C ☐ D ☐
- [15.] A ☐ B ☐ C ☐ D ☒
- [16.] A ☐ B ☐ C ☒ D ☐
- [17.] A ☐ B ☒ C ☐ D ☐
- [18.] A ☐ B ☒ C ☐ D ☐
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- [23.] A ☐ B ☐ C ☐ D ☒
- [24.] A ☐ B ☐ C ☐ D ☐
- [25.] A ☐ B ☐ C ☐ D ☒

Total Minimum  
Quest. Correct  
ions to pass:

**NOVICE**  
Element 2  
30 22

**TECHNICIAN**  
Element 3A  
25 19

**GENERAL**  
Element 3B  
25 19

**ADVANCED**  
Element 4A  
50 37

**EXTRA CLASS**  
Element 4B  
40 30



- [26.] A ☒ B ☐ C ☐ D ☐
- [27.] A ☒ B ☐ C ☒ D ☐
- [28.] A ☐ B ☐ C ☒ D ☐
- [29.] A ☒ B ☐ C ☐ D ☐
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- [31.] A ☐ B ☐ C ☐ D ☐
- [32.] A ☐ B ☐ C ☐ D ☐
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- [34.] A ☐ B ☐ C ☐ D ☐
- [35.] A ☐ B ☐ C ☐ D ☐
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- [40.] A ☐ B ☐ C ☐ D ☐
- [41.] A ☐ B ☐ C ☐ D ☐
- [42.] A ☐ B ☐ C ☐ D ☐
- [43.] A ☐ B ☐ C ☐ D ☐
- [44.] A ☐ B ☐ C ☐ D ☐
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- [49.] A ☐ B ☐ C ☐ D ☐
- [50.] A ☐ B ☐ C ☐ D ☐

-3 Lt. 9804  
passed 9205

W5YI-VEC PROGRAM  
EXAMINATION ANSWER SHEET

(Print)

Name: CHARLIE GREEN

Element: 3A Test Series: 9901 Date: 8-4-91 Signature: Charlie Green

- [1.] A ☐ B ☒ C ☐ D ☐  
[2.] A ☐ B ☐ C ☐ D ☒  
[3.] A ☒ B ☐ C ☐ D ☐  
[4.] A ☐ B ☒ C ☐ D ☐  
[5.] A ☐ B ☒ C ☐ D ☐  
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Element 3A  
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**ADVANCED**  
Element 4A  
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**EXTRA CLASS**  
Element 4B  
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**FEDERAL COMMUNICATIONS COMMISSION**  
**P.O. Box 1020**  
**GETTYSBURG, PA 17326**

Attachment 12  
 Approved OMB  
 3060-0003  
 Expires 12/31/89

**APPLICATION FOR AMATEUR RADIO STATION AND/OR OPERATOR LICENSE**

NO FCC FILING FEE REQUIRED (see instruction H)

ADMINISTERING VE's REPORT				EXAMINATION ELEMENTS							
Applicant is credited for: <input checked="" type="checkbox"/> A. FCC Amateur license held (97.25(a)):				Class <input type="checkbox"/> (NT)	<input type="checkbox"/> (GA)	<input type="checkbox"/> (1(C))	<input type="checkbox"/> 2 (NTGA)	<input type="checkbox"/> 3(A) (TGA)	<input type="checkbox"/> 3(B) (GA)	<input type="checkbox"/> 4(A) (A)	<input type="checkbox"/> 4(B)
B. CERTIFICATE(S) OF SUCCESSFUL COMPLETION OF AN EXAMINATION HELD (97.25(b)):				Date issued	Date issued	Date issued	Date issued	Date issued	Date issued	Date issued	Date issued
C. FCC Commercial Radiotelegraph Operator License held (97.25(c)):				Number:	Exp Date						
D. Examination elements passed that were administered at this session:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. APPLICANT is qualified for operator license class: <input type="checkbox"/> None:				H. Date of VEC coordinated examination session: 8-4-91							
E1. <input type="checkbox"/> NOVICE (Elements 1(A), 1(B), or 1(C) and 2)				<div style="text-align: center;"> <b>W5YI-VEC</b>  <b>P.O. BOX 565101</b>  <b>DALLAS, TEXAS 75356-5101</b> </div>							
E2. <input checked="" type="checkbox"/> TECHNICIAN (Elements 1(A), 1(B), or 1(C), 2 and 3(A))											
<input type="checkbox"/> GENERAL (Elements 1(B) or 1(C), 2, 3(A), and 3(B))											
<input type="checkbox"/> ADVANCED (Elements 1(B) or 1(C), 2, 3(A), 3(B) and 4(A))											
<input type="checkbox"/> AMATEUR EXTRA (Elements 1(C), 2, 3(A), 3(B), 4(A), and 4(B))											
F. Name of Volunteer-Examiner Coordinator: (VEC coordinated sessions only)				W5YI-VEC							
G. Examination session location: (VEC coordinated sessions only)				Venice, Ca.							
<b>SECTION I</b>											
1. IF YOU HOLD A VALID LICENSE ATTACH THE ORIGINAL LICENSE OR PHOTOCOPY ON BACK OF APPLICATION. IF THE VALID LICENSE OR CERTIFICATE OF SUCCESSFUL COMPLETION OF AN EXAMINATION WAS LOST OR DESTROYED, PLEASE EXPLAIN.											
2. CHECK ONE OR MORE ITEMS, NORMALLY ALL LICENSES ARE ISSUED FOR A 10 YEAR TERM.											
2A. <input type="checkbox"/> RENEW LICENSE—NO OTHER CHANGES				EXPIRATION DATE (Month, Day, Year)							
2B. <input type="checkbox"/> REINSTATE LICENSE EXPIRED LESS THAN 2 YEARS											
2C. <input checked="" type="checkbox"/> EXAMINATION FOR NEW LICENSE				FORMER LAST NAME      SUFFIX (Jr., Sr., etc.)							
2D. <input type="checkbox"/> EXAMINATION TO UPGRADE OPERATOR CLASS											
2E. <input type="checkbox"/> CHANGE CALL SIGN (Be sure you are eligible—See Inst. 2E)				FORMER FIRST NAME      MIDDLE INITIAL							
2F. <input type="checkbox"/> CHANGE NAME (Give former name)											
2G. <input type="checkbox"/> CHANGE MAILING ADDRESS											
2H. <input type="checkbox"/> CHANGE STATION LOCATION											
3. CALL SIGN (If you checked 2C above, skip items 3 and 4)				4. OPERATOR CLASS OF THE ATTACHED LICENSE:							
5. CURRENT FIRST NAME			M.I.	LAST NAME			SUFFIX (Jr., Sr., etc.)		6. DATE OF BIRTH (Month, Day, Year)		
ROGER			A	MENESES					05/05/45		
7. CURRENT MAILING ADDRESS (Number and Street)				CITY				STATE		ZIP CODE	
18582 ASUNCION ST.				NORTHBRIDGE				CA		91326	
8. CURRENT STATION LOCATION (Do not use a P.O. Box No., RFD No., or General Delivery. See Instruction 8)				CITY				STATE			
SAME AS ABOVE # 7											
9. Would a Commission grant of your application be an action which may have a significant environmental effect as defined by Section 1.1307 of the Commission's Rules? See instruction 9. If you answer yes, submit the statement as required by Sections 1.1308 and 1.1311. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO											
10. Do you have any other amateur radio application on file with the Commission that has not been acted upon? If yes, answer items 11 and 12. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO											
11. PURPOSE OF OTHER APPLICATION						12. DATE SUBMITTED (Month, Day, Year)					
<b>CERTIFICATION</b>											
I CERTIFY THAT all statements herein and attachments herewith are true, complete, and correct to the best of my knowledge and belief and are made in good faith; that I am not a representative of a foreign government; that I waive any claim to the use of any particular frequency regardless of prior use by license or otherwise; and that the station to be licensed will be inaccessible to unauthorized persons.											
<b>WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ATTACHMENTS ARE PUNISHABLE BY FINE AND IMPRISONMENT</b> <b>U.S. CODE TITLE 18, SECTION 1001</b>											
13. SIGNATURE OF APPLICANT: (Must match item 5)						14. DATE SIGNED:					
Roger A. Meneses						08/04/91					

**ATTACH THE ORIGINAL LICENSE OR PHOTOCOPY HERE**

## SECTION II—EXAMINATION INFORMATION

**SECTION II-A FOR NOVICE OPERATOR EXAMINATION ONLY.** To be completed by the Administering VEs after completing the Administering VE's Report on the other side of this form.

### CERTIFICATION

I CERTIFY THAT I have complied with the Administering VE requirements stated in Part 97 of the Commission's Rules; THAT I have administered to the applicant and graded an amateur radio operator examination in accordance with Part 97 of the Commission's Rules; THAT I have indicated in the Administering VE's Report the examination element(s) the applicant passed; THAT I have examined documents held by the applicant and I have indicated in the Administering VE's Report the examination element for which the applicant is given examination credit in accordance with Part 97 of the Commission's Rules.

**1A. VOLUNTEER EXAMINER'S NAME:** (First, MI, Last, Suffix) (Print or Type)

**1B. VE'S MAILING ADDRESS:** (Number, Street, City, State, ZIP Code)

**1C. VE'S OPERATOR CLASS:**

☐ GENERAL ☐ ADVANCED ☐ AMATEUR EXTRA

**1D. VE'S STATION CALL SIGN**

**1E. LICENSE EXPIRATION DATE:**

**1F. IF YOU HAVE AN APPLICATION PENDING FOR YOUR LICENSE, GIVE FILING DATE:**

**1G. SIGNATURE:** (Must match Item 1A)

**DATE SIGNED**

**2A. VOLUNTEER EXAMINER'S NAME:** (First, MI, Last, Suffix) (Print or Type)

**2B. VE'S MAILING ADDRESS:** (Number, Street, City, State, ZIP Code)

**2C. VE'S OPERATOR CLASS:**

☐ GENERAL ☐ ADVANCED ☐ AMATEUR EXTRA

**2D. VE'S STATION CALL SIGN**

**2E. LICENSE EXPIRATION DATE:**

**2F. IF YOU HAVE AN APPLICATION PENDING FOR YOUR LICENSE, GIVE FILING DATE:**

**2G. SIGNATURE:** (Must match Item 2A)

**DATE SIGNED**

**SECTION II-B FOR TECHNICIAN, GENERAL, ADVANCED, OR AMATEUR EXTRA OPERATOR EXAMINATION ONLY.** To be completed by the Administering VEs after completing the Administering VE's Report on the other side of this form.

### CERTIFICATION

I CERTIFY THAT I have complied with the Administering VE requirements stated in Part 97 of the Commission's Rules; THAT I have administered to the applicant and graded an amateur radio operator examination in accordance with Part 97 of the Commission's Rules; THAT I have indicated in the Administering VE's Report the examination element(s) the applicant passed; THAT I have examined documents held by the applicant and I have indicated in the Administering VE's Report the examination element(s) for which the applicant is given examination credit in accordance with Part 97 of the Commission's Rules.

**1A. VOLUNTEER EXAMINER'S NAME:** (First, MI, Last, Suffix) (Print or Type)

TERENCE M. PIERCE 9205 9205

**1B. VE'S STATION CALL SIGN:**

K16TY

**1C. SIGNATURE:** (Must match Item 1A)

*Terence M. Pierce*

**DATE SIGNED:**

08/04/91

**2A. VOLUNTEER EXAMINER'S NAME:** (First, MI, Last, Suffix) (Print or Type)

LANCE B. FERRANTI 9804

**2B. VE'S STATION CALL SIGN:**

AB6DB

**2C. SIGNATURE:** (Must match Item 2A)

*Lance B. Ferranti*

**DATE SIGNED:**

08/04/91

**3A. VOLUNTEER EXAMINER'S NAME:** (First, MI, Last, Suffix) (Print or Type)

JOHN J. QUINN 6593

**3B. VE'S STATION CALL SIGN:**

KJ6HW

**3C. SIGNATURE:** (Must match Item 3A)

*John J. Quinn*

**DATE SIGNED:**

08/04/91

-1 Passed LA 9804

to 920T

W5YI-VEC PROGRAM  
EXAMINATION ANSWER SHEET

(Print)

Name: ROGER MENESES

Element: 2 Test Series: 2 Date: 8-4-91 Signature: [Signature]

- [1.] A ☐ B ☐ C ☐ D ☒
- [2.] A ☒ B ☐ C ☐ D ☐
- [3.] A ☐ B ☒ C ☐ D ☐
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Total Minimum  
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**NOVICE**  
Element 2

30 22

**TECHNICIAN**

Element 3A

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**GENERAL**

Element 3B

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**ADVANCED**

Element 4A

50 37

**EXTRA CLASS**

Element 4B

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-2 Passed LA 9804

J 9205

W5YI-VEC PROGRAM  
EXAMINATION ANSWER SHEET

(Print)

Name: ROGER M. JONES

Element: 3A Test Series: A901 Date: 8-4-91 Signature: [Signature]

- [1.] A ☐ B ☒ C ☐ D ☐  
[2.] A ☐ B ☐ C ☐ D ☒  
[3.] A ☒ B ☐ C ☐ D ☐  
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**FEDERAL COMMUNICATIONS COMMISSION**  
**P.O. Box 1020**  
**GETTYSBURG, PA 17326**

Approved OMB  
3060-0003  
Expires 12/31/89

*Attachment 13*

**APPLICATION FOR AMATEUR RADIO STATION AND/OR OPERATOR LICENSE**

NO FCC FILING FEE REQUIRED (see instruction H)

ADMINISTERING VECs' REPORT				EXAMINATION ELEMENTS								
Applicant is credited for: <input checked="" type="checkbox"/> A. FCC Amateur license held (97.25(a)):				Class <input type="checkbox"/> (NT)	<input type="checkbox"/> (GA)	<input type="checkbox"/> (NTGA)	<input type="checkbox"/> (TGA)	<input type="checkbox"/> (GA)	<input type="checkbox"/> (A)	<input type="checkbox"/> (A)	<input type="checkbox"/> (A)	<input type="checkbox"/> (A)
B. CERTIFICATE(S) OF SUCCESSFUL COMPLETION OF AN EXAMINATION HELD (97.25(b)):				Date issued	Date issued	Date issued	Date issued	Date issued	Date issued	Date issued	Date issued	Date issued
C. FCC Commercial Radiotelegraph Operator License held (97.25(c)):				Number:	Exp Date							
D. Examination elements passed that were administered at this session:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. APPLICANT is qualified for operator license class: <input type="checkbox"/> None:				H. Date of VEC coordinated examination session: <i>8-4-91</i>								
E1. <input type="checkbox"/> NOVICE (Elements 1(A), 1(B), or 1(C) and 2)				I. VEC Receipt Date:  <div style="text-align: center; font-size: 1.5em; font-weight: bold;">AUG 10 1991</div> <div style="text-align: center; font-size: 2em; font-weight: bold;">W5YI-VEC</div> <div style="text-align: center; font-weight: bold;">P.O. BOX 565101</div> <div style="text-align: center; font-weight: bold;">DALLAS, TEXAS 75256-5101</div>								
E2. <input checked="" type="checkbox"/> TECHNICIAN (Elements 1(A), 1(B), or 1(C), 2 and 3(A))												
<input type="checkbox"/> GENERAL (Elements 1(B) or 1(C), 2, 3(A), and 3(B))												
<input type="checkbox"/> ADVANCED (Elements 1(B) or 1(C), 2, 3(A), 3(B) and 4(A))												
<input type="checkbox"/> AMATEUR EXTRA (Elements 1(C), 2, 3(A), 3(B), 4(A), and 4(B))												
F. Name of Volunteer-Examiner Coordinator: (VEC coordinated sessions only)				<i>W5YI-VEC.</i>								
G. Examination session location: (VEC coordinated sessions only)				<i>Venice, Ca.</i>								
<b>SECTION I</b>												
1. IF YOU HOLD A VALID LICENSE ATTACH THE ORIGINAL LICENSE OR PHOTOCOPY ON BACK OF APPLICATION. IF THE VALID LICENSE OR CERTIFICATE OF SUCCESSFUL COMPLETION OF AN EXAMINATION WAS LOST OR DESTROYED, PLEASE EXPLAIN.												
2. CHECK ONE OR MORE ITEMS, NORMALLY ALL LICENSES ARE ISSUED FOR A 10 YEAR TERM.												
2A. <input type="checkbox"/> RENEW LICENSE—NO OTHER CHANGES <input type="checkbox"/>				EXPIRATION DATE (Month, Day, Year)								
2B. <input type="checkbox"/> REINSTATE LICENSE EXPIRED LESS THAN 2 YEARS <input type="checkbox"/>												
2C. <input checked="" type="checkbox"/> EXAMINATION FOR NEW LICENSE				FORMER LAST NAME      SUFFIX (Jr., Sr., etc.)								
2D. <input type="checkbox"/> EXAMINATION TO UPGRADE OPERATOR CLASS												
2E. <input type="checkbox"/> CHANGE CALL SIGN (Be sure you are eligible—See Inst. 2E)				FORMER FIRST NAME      MIDDLE INITIAL								
2F. <input type="checkbox"/> CHANGE NAME (Give former name) <input type="checkbox"/>												
2G. <input type="checkbox"/> CHANGE MAILING ADDRESS				4. OPERATOR CLASS OF THE ATTACHED LICENSE:								
2H. <input type="checkbox"/> CHANGE STATION LOCATION												
3. CALL SIGN (If you checked 2C above, skip items 3 and 4)												
5. CURRENT FIRST NAME			M.I.	LAST NAME			SUFFIX (Jr., Sr., etc.)			6. DATE OF BIRTH (Month, Day, Year)		
<i>DUANE</i>			<i>E.</i>	<i>PURVIN</i>						<i>11-24-44</i>		
7. CURRENT MAILING ADDRESS (Number and Street)					CITY			STATE		ZIP CODE		
<i>8013 Kentwood Ave</i>					<i>Los Angeles</i>			<i>Ca</i>		<i>90045</i>		
8. CURRENT STATION LOCATION (Do not use a P.O. Box No., RFD No., or General Delivery. See instruction 8)										STATE		
<i>Same As Above # 7</i>												
9. Would a Commission grant of your application be an action which may have a significant environmental effect as defined by Section 1.1307 of the Commission's Rules? See instruction 9. If you answer yes, submit the statement as required by Sections 1.1308 and 1.1311. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO												
10. Do you have any other amateur radio application on file with the Commission that has not been acted upon? If yes, answer items 11 and 12. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO												
11. PURPOSE OF OTHER APPLICATION						12. DATE SUBMITTED (Month, Day, Year)						
<b>CERTIFICATION</b>												
I CERTIFY THAT all statements herein and attachments herewith are true, complete, and correct to the best of my knowledge and belief and are made in good faith; that I am not a representative of a foreign government; that I waive any claim to the use of any particular frequency regardless of prior use by license or otherwise; and that the station to be licensed will be inaccessible to unauthorized persons.												
<b>WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ATTACHMENTS ARE PUNISHABLE BY FINE AND IMPRISONMENT</b> <b>U.S. CODE TITLE 18, SECTION 1001</b>												
13. SIGNATURE OF APPLICANT: (Must match item 5)										14. DATE SIGNED:		
<i>[Signature]</i>										<i>08-04-91</i>		

ATTACH THE ORIGINAL LICENSE OR PHOTOCOPY HERE

## SECTION II - EXAMINATION INFORMATION

**SECTION II-A FOR NOVICE OPERATOR EXAMINATION ONLY.** To be completed by the Administering VEs after completing the Administering VE's Report on the other side of this form.

### CERTIFICATION

I CERTIFY THAT I have complied with the Administering VE requirements stated in Part 97 of the Commission's Rules; THAT I have administered to the applicant and graded an amateur radio operator examination in accordance with Part 97 of the Commission's Rules; THAT I have indicated in the Administering VE's Report the examination element(s) the applicant passed; THAT I have examined documents held by the applicant and I have indicated in the Administering VE's Report the examination element for which the applicant is given examination credit in accordance with Part 97 of the Commission's Rules.

1A. VOLUNTEER EXAMINER'S NAME: (First, MI, Last, Suffix) (Print or Type)

1B. VE'S MAILING ADDRESS: (Number, Street, City, State, ZIP Code)

1C. VE'S OPERATOR CLASS:

☐ GENERAL

☐ ADVANCED

☐ AMATEUR EXTRA

1D. VE'S STATION CALL SIGN

1E. LICENSE EXPIRATION DATE:

1F. IF YOU HAVE AN APPLICATION PENDING FOR YOUR LICENSE, GIVE FILING DATE:

1G. SIGNATURE: (Must match Item 1A)

DATE SIGNED

2A. VOLUNTEER EXAMINER'S NAME: (First, MI, Last, Suffix) (Print or Type)

2B. VE'S MAILING ADDRESS: (Number, Street, City, State, ZIP Code)

2C. VE'S OPERATOR CLASS:

☐ GENERAL

☐ ADVANCED

☐ AMATEUR EXTRA

2D. VE'S STATION CALL SIGN

2E. LICENSE EXPIRATION DATE:

2F. IF YOU HAVE AN APPLICATION PENDING FOR YOUR LICENSE, GIVE FILING DATE:

2G. SIGNATURE: (Must match Item 2A)

DATE SIGNED

**SECTION II-B FOR TECHNICIAN, GENERAL, ADVANCED, OR AMATEUR EXTRA OPERATOR EXAMINATION ONLY.** To be completed by the Administering VEs after completing the Administering VE's Report on the other side of this form.

### CERTIFICATION

I CERTIFY THAT I have complied with the Administering VE requirements stated in Part 97 of the Commission's Rules; THAT I have administered to the applicant and graded an amateur radio operator examination in accordance with Part 97 of the Commission's Rules; THAT I have indicated in the Administering VE's Report the examination element(s) the applicant passed; THAT I have examined documents held by the applicant and I have indicated in the Administering VE's Report the examination element(s) for which the applicant is given examination credit in accordance with Part 97 of the Commission's Rules.

1A. VOLUNTEER EXAMINER'S NAME: (First, MI, Last, Suffix) (Print or Type)

TERENCE M. Pierce 9205

1B. VE'S STATION CALL SIGN:

KI6TY

1C. SIGNATURE: (Must match Item 1A)

*Terence M. Pierce*

DATE SIGNED:

08-04-91

2A. VOLUNTEER EXAMINER'S NAME: (First, MI, Last, Suffix) (Print or Type)

LANCE B. FERRANTI 9804

2B. VE'S STATION CALL SIGN:

AB6DB

2C. SIGNATURE: (Must match Item 2A)

*Lance B. Ferranti*

DATE SIGNED:

08-04-91

3A. VOLUNTEER EXAMINER'S NAME: (First, MI, Last, Suffix) (Print or Type)

JOHN J. QUINN 6593

3B. VE'S STATION CALL SIGN:

KJ6HW

3C. SIGNATURE: (Must match Item 3A)

*John J. Quinn*

DATE SIGNED:

08-04-91



-1 Passed LA 9804  
to 4205

**W5YI-VEC PROGRAM**  
**EXAMINATION ANSWER SHEET**

(Print) Name: PURVIN

Element: 2 Test Series: 3 Date: 8-4-91 Signature: [Signature]

- [1.] A ☐ B ☐ C ☐ D ☒  
[2.] A ☒ B ☐ C ☐ D ☐  
[3.] A ☐ B ☒ C ☐ D ☐  
[4.] A ☐ B ☒ C ☐ D ☐  
[5.] A ☐ B ☒ C ☒ D ☐  
[6.] A ☐ B ☐ C ☒ D ☐  
[7.] A ☐ B ☒ C ☐ D ☐  
[8.] A ☐ B ☐ C ☒ D ☐  
[9.] A ☒ B ☐ C ☐ D ☐  
[10.] A ☒ B ☐ C ☐ D ☐  
[11.] A ☐ B ☐ C ☒ D ☐  
[12.] A ☐ B ☐ C ☐ D ☒  
[13.] A ☐ B ☒ C ☐ D ☐  
[14.] A ☐ B ☒ C ☐ D ☐  
[15.] A ☐ B ☐ C ☐ D ☒  
[16.] A ☐ B ☐ C ☒ D ☐  
[17.] A ☐ B ☒ C ☐ D ☐  
[18.] A ☐ B ☒ C ☐ D ☐  
[19.] A ☒ B ☐ C ☐ D ☐  
[20.] A ☐ B ☐ C ☒ D ☐  
[21.] A ☐ B ☒ C ☐ D ☐  
[22.] A ☐ B ☒ C ☐ D ☐  
[23.] A ☐ B ☐ C ☐ D ☒  
[24.] A ☒ B ☐ C ☐ D ☐  
[25.] A ☐ B ☐ C ☐ D ☒

Total Minimum  
Quest- Correct  
ions to pass:

**NOVICE**  
Element 2  
30 22

**TECHNICIAN**  
Element 3A  
25 19

**GENERAL**  
Element 3B  
25 19

**ADVANCED**  
Element 4A  
50 37

**EXTRA CLASS**  
Element 4B  
40 30



- [26.] A ☒ B ☐ C ☐ D ☐  
[27.] A ☒ B ☐ C ☐ D ☐  
[28.] A ☐ B ☐ C ☒ D ☐  
[29.] A ☒ B ☐ C ☐ D ☐  
[30.] A ☐ B ☐ C ☒ D ☐  
[31.] A ☐ B ☐ C ☐ D ☐  
[32.] A ☐ B ☐ C ☐ D ☐  
[33.] A ☐ B ☐ C ☐ D ☐  
[34.] A ☐ B ☐ C ☐ D ☐  
[35.] A ☐ B ☐ C ☐ D ☐  
[36.] A ☐ B ☐ C ☐ D ☐  
[37.] A ☐ B ☐ C ☐ D ☐  
[38.] A ☐ B ☐ C ☐ D ☐  
[39.] A ☐ B ☐ C ☐ D ☐  
[40.] A ☐ B ☐ C ☐ D ☐  
[41.] A ☐ B ☐ C ☐ D ☐  
[42.] A ☐ B ☐ C ☐ D ☐  
[43.] A ☐ B ☐ C ☐ D ☐  
[44.] A ☐ B ☐ C ☐ D ☐  
[45.] A ☐ B ☐ C ☐ D ☐  
[46.] A ☐ B ☐ C ☐ D ☐  
[47.] A ☐ B ☐ C ☐ D ☐  
[48.] A ☐ B ☐ C ☐ D ☐  
[49.] A ☐ B ☐ C ☐ D ☐  
[50.] A ☐ B ☐ C ☐ D ☐

H901

100% Passed 17.9904

to 9205

W5YI-VEC PROGRAM  
EXAMINATION ANSWER SHEET

(Print) Name: D. PURVIN

Element: 3A Test Series: H901 Date: 8-4-91 Signature: [Signature]

- [1.] A ☐ B ☒ C ☐ D ☐  
[2.] A ☐ B ☐ C ☐ D ☒  
[3.] A ☒ B ☐ C ☐ D ☐  
[4.] A ☐ B ☒ C ☐ D ☐  
[5.] A ☐ B ☒ C ☐ D ☐  
[6.] A ☐ B ☐ C ☐ D ☒  
[7.] A ☐ B ☒ C ☐ D ☐  
[8.] A ☒ B ☐ C ☐ D ☐  
[9.] A ☐ B ☐ C ☒ D ☐  
[10.] A ☐ B ☐ C ☒ D ☐  
[11.] A ☐ B ☒ C ☐ D ☐  
[12.] A ☐ B ☒ C ☐ D ☐  
[13.] A ☐ B ☐ C ☒ D ☐  
[14.] A ☐ B ☒ C ☐ D ☐  
[15.] A ☒ B ☐ C ☐ D ☐  
[16.] A ☐ B ☐ C ☐ D ☒  
[17.] A ☒ B ☐ C ☐ D ☐  
[18.] A ☐ B ☒ C ☐ D ☐  
[19.] A ☐ B ☐ C ☒ D ☐  
[20.] A ☐ B ☐ C ☒ D ☐  
[21.] A ☐ B ☒ C ☐ D ☐  
[22.] A ☐ B ☐ C ☒ D ☐  
[23.] A ☐ B ☐ C ☒ D ☐  
[24.] A ☐ B ☒ C ☐ D ☐  
[25.] A ☐ B ☐ C ☒ D ☐

Total Minimum  
Quest- Correct  
ions to pass:

**NOVICE**  
Element 2  
30 22

**TECHNICIAN**  
Element 3A  
25 19

**GENERAL**  
Element 3B  
25 19

**ADVANCED**  
Element 4A  
50 37

**EXTRA CLASS**  
Element 4B  
40 30



- [26.] A ☐ B ☐ C ☐ D ☐  
[27.] A ☐ B ☐ C ☐ D ☐  
[28.] A ☐ B ☐ C ☐ D ☐  
[29.] A ☐ B ☐ C ☐ D ☐  
[30.] A ☐ B ☐ C ☐ D ☐  
[31.] A ☐ B ☐ C ☐ D ☐  
[32.] A ☐ B ☐ C ☐ D ☐  
[33.] A ☐ B ☐ C ☐ D ☐  
[34.] A ☐ B ☐ C ☐ D ☐  
[35.] A ☐ B ☐ C ☐ D ☐  
[36.] A ☐ B ☐ C ☐ D ☐  
[37.] A ☐ B ☐ C ☐ D ☐  
[38.] A ☐ B ☐ C ☐ D ☐  
[39.] A ☐ B ☐ C ☐ D ☐  
[40.] A ☐ B ☐ C ☐ D ☐  
[41.] A ☐ B ☐ C ☐ D ☐  
[42.] A ☐ B ☐ C ☐ D ☐  
[43.] A ☐ B ☐ C ☐ D ☐  
[44.] A ☐ B ☐ C ☐ D ☐  
[45.] A ☐ B ☐ C ☐ D ☐  
[46.] A ☐ B ☐ C ☐ D ☐  
[47.] A ☐ B ☐ C ☐ D ☐  
[48.] A ☐ B ☐ C ☐ D ☐  
[49.] A ☐ B ☐ C ☐ D ☐  
[50.] A ☐ B ☐ C ☐ D ☐

FEDERAL COMMUNICATIONS COMMISSION  
P.O. Box 1020  
GETTYSBURG, PA 17326

Approved OMB  
3060-0003  
Expires 12/31/89

APPLICATION FOR AMATEUR RADIO STATION AND/OR OPERATOR LICENSE

NO FCC FILING FEE REQUIRED (see instruction H)

ADMINISTERING VEC REPORT				EXAMINATION ELEMENTS							
Applicant is credited for: <input checked="" type="checkbox"/>				1(A)	1(B)	1(C)	2	3(A)	3(B)	4(A)	4(B)
A. FCC Amateur license held (97.25(a)):		Class	→	(NT)	(GA)		(NTGA)	(TGA)	(GA)	(A)	
B. CERTIFICATE(S) OF SUCCESSFUL COMPLETION OF AN EXAMINATION HELD (97.25(b)):			→	Date issued	Date issued	Date issued	Date issued	Date issued	Date issued	Date issued	Date issued
C. FCC Commercial Radiotelegraph Operator License held (97.25(c)):		Number:	→			Exp Date					
D. Examination elements passed that were administered at this session:			→				X	X			
E. APPLICANT is qualified for operator license class: <input type="checkbox"/> None:				H. Date of VEC coordinated examination session:							
E1. <input type="checkbox"/> NOVICE (Elements 1(A), 1(B), or 1(C) and 2)				8-4-91							
E2. <input checked="" type="checkbox"/> TECHNICIAN (Elements 1(A), 1(B), or 1(C), 2 and 3(A))				<b>W5YI-VEC</b> P.O. BOX 565101 DALLAS, TEXAS 75356-5101							
<input type="checkbox"/> GENERAL (Elements 1(B) or 1(C), 2, 3(A), and 3(B))											
<input type="checkbox"/> ADVANCED (Elements 1(B) or 1(C), 2, 3(A), 3(B) and 4(A))											
<input type="checkbox"/> AMATEUR EXTRA (Elements 1(C), 2, 3(A), 3(B), 4(A), and 4(B))											
F. Name of Volunteer-Examiner Coordinator (VEC coordinated sessions only)											
G. Examination session location: (VEC coordinated sessions only)											
Venice, Cal											
SECTION I											
1. IF YOU HOLD A VALID LICENSE ATTACH THE ORIGINAL LICENSE OR PHOTOCOPY ON BACK OF APPLICATION. IF THE VALID LICENSE OR CERTIFICATE OF SUCCESSFUL COMPLETION OF AN EXAMINATION WAS LOST OR DESTROYED, PLEASE EXPLAIN.											
2. CHECK ONE OR MORE ITEMS, NORMALLY ALL LICENSES ARE ISSUED FOR A 10 YEAR TERM.											
2A. <input type="checkbox"/> RENEW LICENSE—NO OTHER CHANGES →				EXPIRATION DATE (Month, Day, Year)							
2B. <input type="checkbox"/> REINSTATE LICENSE EXPIRED LESS THAN 2 YEARS →											
2C. <input checked="" type="checkbox"/> EXAMINATION FOR NEW LICENSE				FORMER LAST NAME SUFFIX (Jr., Sr., etc.)							
2D. <input type="checkbox"/> EXAMINATION TO UPGRADE OPERATOR CLASS											
2E. <input type="checkbox"/> CHANGE CALL SIGN (Be sure you are eligible—See Inst. 2E)				FORMER FIRST NAME MIDDLE INITIAL							
2F. <input type="checkbox"/> CHANGE NAME (Give former name) →											
2G. <input type="checkbox"/> CHANGE MAILING ADDRESS											
2H. <input type="checkbox"/> CHANGE STATION LOCATION											
3. CALL SIGN (If you checked 2C above, skip items 3 and 4)				4. OPERATOR CLASS OF THE ATTACHED LICENSE:							
5. CURRENT FIRST NAME		M.I.	LAST NAME	SUFFIX (Jr., Sr., etc.)		6. DATE OF BIRTH (Month, Day, Year)					
Lawrence			Kinney	Jr.		08-15-62					
7. CURRENT MAILING ADDRESS (Number and Street)				CITY		STATE	ZIP CODE				
4402 Simmons				Orange		Ca	92668				
8. CURRENT STATION LOCATION (Do not use a P.O. Box No., RFD No., or General Delivery. See Instruction 8)											
4402 Simmons				CITY		STATE					
				Orange		Ca					
9. Would a Commission grant of your application be an action which may have a significant environmental effect as defined by Section 1.1307 of the Commission's Rules? See instruction 9. If you answer yes, submit the statement as required by Sections 1.1308 and 1.1311. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO											
10. Do you have any other amateur radio application on file with the Commission that has not been acted upon? If yes, answer items 11 and 12. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO											
11. PURPOSE OF OTHER APPLICATION						12. DATE SUBMITTED (Month, Day, Year)					
CERTIFICATION											
I CERTIFY THAT all statements herein and attachments herewith are true, complete, and correct to the best of my knowledge and belief and are made in good faith; that I am not a representative of a foreign government; that I waive any claim to the use of any particular frequency regardless of prior use by license or otherwise; and that the station to be licensed will be inaccessible to unauthorized persons.											
WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ATTACHMENTS ARE PUNISHABLE BY FINE AND IMPRISONMENT U.S. CODE TITLE 18, SECTION 1001											
13. SIGNATURE OF APPLICANT: (Must match item 5)						14. DATE SIGNED:					
Lawrence Kinney Jr.						08-04-91					

**ATTACH THE ORIGINAL LICENSE OR PHOTOCOPY HERE**

**SECTION II—EXAMINATION INFORMATION**

**SECTION II-A FOR NOVICE OPERATOR EXAMINATION ONLY.** To be completed by the Administering VEs after completing the Administering VE's Report on the other side of this form.

**CERTIFICATION**

I CERTIFY THAT I have complied with the Administering VE requirements stated in Part 97 of the Commission's Rules; THAT I have administered to the applicant and graded an amateur radio operator examination in accordance with Part 97 of the Commission's Rules; THAT I have indicated in the Administering VE's Report the examination element(s) the applicant passed; THAT I have examined documents held by the applicant and I have indicated in the Administering VE's Report the examination element for which the applicant is given examination credit in accordance with Part 97 of the Commission's Rules.

**1A. VOLUNTEER EXAMINER'S NAME:** (First, MI, Last, Suffix) (Print or Type)

**1B. VE'S MAILING ADDRESS:** (Number, Street, City, State, ZIP Code)

**1C. VE'S OPERATOR CLASS:**

☐ GENERAL ☐ ADVANCED ☐ AMATEUR EXTRA

**1D. VE'S STATION CALL SIGN**

**1E. LICENSE EXPIRATION DATE:**

**1F. IF YOU HAVE AN APPLICATION PENDING FOR YOUR LICENSE, GIVE FILING DATE:**

**1G. SIGNATURE:** (Must match Item 1A)

**DATE SIGNED**

**2A. VOLUNTEER EXAMINER'S NAME:** (First, MI, Last, Suffix) (Print or Type)

**2B. VE'S MAILING ADDRESS:** (Number, Street, City, State, ZIP Code)

**2C. VE'S OPERATOR CLASS:**

☐ GENERAL ☐ ADVANCED ☐ AMATEUR EXTRA

**2D. VE'S STATION CALL SIGN**

**2E. LICENSE EXPIRATION DATE:**

**2F. IF YOU HAVE AN APPLICATION PENDING FOR YOUR LICENSE, GIVE FILING DATE:**

**2G. SIGNATURE:** (Must match Item 2A)

**DATE SIGNED**

**SECTION II-B FOR TECHNICIAN, GENERAL, ADVANCED, OR AMATEUR EXTRA OPERATOR EXAMINATION ONLY.** To be completed by the Administering VEs after completing the Administering VE's Report on the other side of this form.

**CERTIFICATION**

I CERTIFY THAT I have complied with the Administering VE requirements stated in Part 97 of the Commission's Rules; THAT I have administered to the applicant and graded an amateur radio operator examination in accordance with Part 97 of the Commission's Rules; THAT I have indicated in the Administering VE's Report the examination element(s) the applicant passed; THAT I have examined documents held by the applicant and I have indicated in the Administering VE's Report the examination element(s) for which the applicant is given examination credit in accordance with Part 97 of the Commission's Rules.

**1A. VOLUNTEER EXAMINER'S NAME:** (First, MI, Last, Suffix) (Print or Type)

*Terence M. Pierce 9205*

**1B. VE'S STATION CALL SIGN:**

*KI6TY*

**1C. SIGNATURE:** (Must match Item 1A)

**DATE SIGNED:**

*08-04-91*

**2A. VOLUNTEER EXAMINER'S NAME:** (First, MI, Last, Suffix) (Print or Type)

*Lance B. Fersanti 9804*

**2B. VE'S STATION CALL SIGN:**

*AB6DB*

**2C. SIGNATURE:** (Must match Item 2A)

**DATE SIGNED:**

*05-04-91*

**3A. VOLUNTEER EXAMINER'S NAME:** (First, MI, Last, Suffix) (Print or Type)

*John J. Quinn 6593*

**3B. VE'S STATION CALL SIGN:**

*KJ6HW*

**3C. SIGNATURE:** (Must match Item 3A)

**DATE SIGNED:**

*05-04-91*

100% Passed EA 9807

TD 9205

**W5YI-VEC PROGRAM**  
**EXAMINATION ANSWER SHEET**

(Print)

Name: Lawrence Kinnear

Element: 2 Test Series: 3 Date: 8-4-91 Signature: Lawrence Kinnear

- [1.] A ☐ B ☐ C ☐ D ☒
- [2.] A ☒ B ☐ C ☐ D ☐
- [3.] A ☐ B ☒ C ☐ D ☐
- [4.] A ☐ B ☒ C ☐ D ☐
- [5.] A ☐ B ☐ C ☒ D ☐
- [6.] A ☐ B ☐ C ☒ D ☐
- [7.] A ☐ B ☒ C ☐ D ☐
- [8.] A ☐ B ☐ C ☒ D ☐
- [9.] A ☒ B ☐ C ☐ D ☐
- [10.] A ☒ B ☐ C ☐ D ☐
- [11.] A ☐ B ☐ C ☒ D ☐
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- [13.] A ☐ B ☒ C ☐ D ☐
- [14.] A ☐ B ☒ C ☐ D ☐
- [15.] A ☐ B ☐ C ☐ D ☒
- [16.] A ☐ B ☐ C ☒ D ☐
- [17.] A ☐ B ☒ C ☐ D ☐
- [18.] A ☐ B ☒ C ☐ D ☐
- [19.] A ☒ B ☐ C ☐ D ☐
- [20.] A ☐ B ☐ C ☒ D ☐
- [21.] A ☐ B ☒ C ☐ D ☐
- [22.] A ☐ B ☒ C ☐ D ☐
- [23.] A ☐ B ☐ C ☐ D ☒
- [24.] A ☒ B ☐ C ☐ D ☐
- [25.] A ☐ B ☐ C ☐ D ☒

Total Minimum  
Quest- Correct  
ions to pass

**NOVICE**  
Element 2  
30 22

**TECHNICIAN**  
Element 3A  
25 19

**GENERAL**  
Element 3B  
25 19

**ADVANCED**  
Element 4A  
50 37

**EXTRA CLASS**  
Element 4B  
40 30



- [26.] A ☒ B ☐ C ☐ D ☐
- [27.] A ☒ B ☐ C ☐ D ☐
- [28.] A ☐ B ☐ C ☒ D ☐
- [29.] A ☒ B ☐ C ☐ D ☐
- [30.] A ☐ B ☐ C ☒ D ☐
- [31.] A ☐ B ☐ C ☐ D ☐
- [32.] A ☐ B ☐ C ☐ D ☐
- [33.] A ☐ B ☐ C ☐ D ☐
- [34.] A ☐ B ☐ C ☐ D ☐
- [35.] A ☐ B ☐ C ☐ D ☐
- [36.] A ☐ B ☐ C ☐ D ☐
- [37.] A ☐ B ☐ C ☐ D ☐
- [38.] A ☐ B ☐ C ☐ D ☐
- [39.] A ☐ B ☐ C ☐ D ☐
- [40.] A ☐ B ☐ C ☐ D ☐
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- [42.] A ☐ B ☐ C ☐ D ☐
- [43.] A ☐ B ☐ C ☐ D ☐
- [44.] A ☐ B ☐ C ☐ D ☐
- [45.] A ☐ B ☐ C ☐ D ☐
- [46.] A ☐ B ☐ C ☐ D ☐
- [47.] A ☐ B ☐ C ☐ D ☐
- [48.] A ☐ B ☐ C ☐ D ☐
- [49.] A ☐ B ☐ C ☐ D ☐
- [50.] A ☐ B ☐ C ☐ D ☐

-1 Passed LA-9804

49205

W5YI-VEC PROGRAM  
EXAMINATION ANSWER SHEET

(Print)

Name: Lawrence Brown

Element: 3A Test Series: H901 Date: 8-4-91 Signature: [Signature]

- [1.] A ☐ B ☒ C ☐ D ☐  
[2.] A ☐ B ☐ C ☐ D ☒  
[3.] A ☒ B ☐ C ☐ D ☐  
[4.] A ☐ B ☒ C ☐ D ☐  
[5.] A ☐ B ☒ C ☐ D ☐  
[6.] A ☐ B ☐ C ☐ D ☒  
[7.] A ☐ B ☒ C ☐ D ☐  
[8.] A ☒ B ☐ C ☐ D ☐  
[9.] A ☐ B ☐ C ☒ D ☐  
[10.] A ☐ B ☐ C ☒ D ☐  
[11.] A ☐ B ☒ C ☐ D ☐  
[12.] A ☐ B ☒ C ☐ D ☐  
[13.] A ☐ B ☐ C ☒ D ☐  
[14.] A ☐ B ☒ C ☐ D ☐  
[15.] A ☒ B ☐ C ☐ D ☐  
[16.] A ☐ B ☐ C ☐ D ☒  
[17.] A ☒ B ☐ C ☐ D ☐  
[18.] A ☐ B ☒ C ☐ D ☐  
[19.] A ☐ B ☐ C ☒ D ☐  
[20.] A ☒ B ☐ C ☒ D ☐  
[21.] A ☐ B ☒ C ☐ D ☐  
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[23.] A ☐ B ☐ C ☒ D ☐  
[24.] A ☐ B ☒ C ☐ D ☐  
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Total Minimum  
Quest- Correct  
ions to pass:

**NOVICE**  
Element 2

30 22

**TECHNICIAN**

Element 3A

25 19

**GENERAL**

Element 3B

25 19

**ADVANCED**

Element 4A

50 37

**EXTRA CLASS**

Element 4B

40 30



- [26.] A ☐ B ☐ C ☐ D ☐  
[27.] A ☐ B ☐ C ☐ D ☐  
[28.] A ☐ B ☐ C ☐ D ☐  
[29.] A ☐ B ☐ C ☐ D ☐  
[30.] A ☐ B ☐ C ☐ D ☐  
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[32.] A ☐ B ☐ C ☐ D ☐  
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[34.] A ☐ B ☐ C ☐ D ☐  
[35.] A ☐ B ☐ C ☐ D ☐  
[36.] A ☐ B ☐ C ☐ D ☐  
[37.] A ☐ B ☐ C ☐ D ☐  
[38.] A ☐ B ☐ C ☐ D ☐  
[39.] A ☐ B ☐ C ☐ D ☐  
[40.] A ☐ B ☐ C ☐ D ☐  
[41.] A ☐ B ☐ C ☐ D ☐  
[42.] A ☐ B ☐ C ☐ D ☐  
[43.] A ☐ B ☐ C ☐ D ☐  
[44.] A ☐ B ☐ C ☐ D ☐  
[45.] A ☐ B ☐ C ☐ D ☐  
[46.] A ☐ B ☐ C ☐ D ☐  
[47.] A ☐ B ☐ C ☐ D ☐  
[48.] A ☐ B ☐ C ☐ D ☐  
[49.] A ☐ B ☐ C ☐ D ☐  
[50.] A ☐ B ☐ C ☐ D ☐

**FEDERAL COMMUNICATIONS COMMISSION**  
P.O. Box 1020  
GETTYSBURG, PA 17326

Attachment 15  
Approved OMB  
3060-0003  
Expires 12/31/89

**APPLICATION FOR AMATEUR RADIO STATION AND/OR OPERATOR LICENSE**

NO FCC FILING FEE REQUIRED (see instruction H)

ADMINISTERING VES' REPORT				EXAMINATION ELEMENTS							
Applicant is credited for: <input checked="" type="checkbox"/> A. FCC Amateur license held (97.25(a)):				1(A)	1(B)	1(C)	2	3(A)	3(B)	4(A)	4(B)
Class		→		(NT)	(GA)		(NTGA)	(TGA)	(GA)	(A)	
B. CERTIFICATE(S) OF SUCCESSFUL COMPLETION OF AN EXAMINATION HELD (97.25(b)):				Date issued	Date issued	Date issued	Date issued	Date issued	Date issued	Date issued	Date issued
C. FCC Commercial Radiotelegraph Operator License held (97.25(c)):		Number:		→		Exp Date					
D. Examination elements passed that were administered at this session:				→				X	X		
E. APPLICANT is qualified for operator license class: <input type="checkbox"/> None:				H. Date of VEC coordinated examination session:							
E1. <input type="checkbox"/> NOVICE (Elements 1(A), 1(B), or 1(C) and 2)				8-4-91							
E2. <input checked="" type="checkbox"/> TECHNICIAN (Elements 1(A), 1(B), or 1(C), 2 and 3(A))				I. VEC Receipt Date: AUG 10 1991							
<input type="checkbox"/> GENERAL (Elements 1(B) or 1(C), 2, 3(A), and 3(B))				<div style="text-align: center;"> <b>W5YI-VEC</b>  P.O. BOX 565101  DALLAS, TEXAS 75356-5101 </div>							
<input type="checkbox"/> ADVANCED (Elements 1(B) or 1(C), 2, 3(A), 3(B) and 4(A))											
<input type="checkbox"/> AMATEUR EXTRA (Elements 1(C), 2, 3(A), 3(B), 4(A), and 4(B))											
F. Name of Volunteer-Examiner Coordinator (VEC coordinated sessions only)											
G. Examination session location: (VEC coordinated sessions only)											
W5YI-Vec Venice, Ca.											
<b>SECTION I</b>											
1. IF YOU HOLD A VALID LICENSE ATTACH THE ORIGINAL LICENSE OR PHOTOCOPY ON BACK OF APPLICATION. IF THE VALID LICENSE OR CERTIFICATE OF SUCCESSFUL COMPLETION OF AN EXAMINATION WAS LOST OR DESTROYED, PLEASE EXPLAIN.											
2. CHECK ONE OR MORE ITEMS, NORMALLY ALL LICENSES ARE ISSUED FOR A 10 YEAR TERM.											
2A. <input type="checkbox"/> RENEW LICENSE—NO OTHER CHANGES →				EXPIRATION DATE (Month, Day, Year)							
2B. <input type="checkbox"/> REINSTATE LICENSE EXPIRED LESS THAN 2 YEARS →											
2C. <input checked="" type="checkbox"/> EXAMINATION FOR NEW LICENSE				FORMER LAST NAME SUFFIX (Jr., Sr., etc.)							
2D. <input type="checkbox"/> EXAMINATION TO UPGRADE OPERATOR CLASS											
2E. <input type="checkbox"/> CHANGE CALL SIGN (Be sure you are eligible—See Inst. 2E)				FORMER FIRST NAME MIDDLE INITIAL							
2F. <input type="checkbox"/> CHANGE NAME (Give former name) →											
2G. <input type="checkbox"/> CHANGE MAILING ADDRESS											
2H. <input type="checkbox"/> CHANGE STATION LOCATION											
3. CALL SIGN (If you checked 2C above, skip items 3 and 4)				4. OPERATOR CLASS OF THE ATTACHED LICENSE:							
5. CURRENT FIRST NAME			M.I.	LAST NAME		SUFFIX (Jr., Sr., etc.)		6. DATE OF BIRTH (Month, Day, Year)			
Sandra			L.	Moore				05-01-48			
7. CURRENT MAILING ADDRESS (Number and Street)					CITY			STATE	ZIP CODE		
1902 Ripley Avenue					Redondo Beach			CA	90278		
8. CURRENT STATION LOCATION (Do not use a P.O. Box No., RFD No., or General Delivery. See Instruction 8)					CITY			STATE			
1902 Ripley Avenue					Redondo Beach			CA			
9. Would a Commission grant of your application be an action which may have a significant environmental effect as defined by Section 1.1307 of the Commission's Rules? See instruction 9. If you answer yes, submit the statement as required by Sections 1.1308 and 1.1311. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO											
10. Do you have any other amateur radio application on file with the Commission that has not been acted upon? If yes, answer items 11 and 12. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO											
11. PURPOSE OF OTHER APPLICATION						12. DATE SUBMITTED (Month, Day, Year)					
<p align="center"><b>CERTIFICATION</b></p> <p>I CERTIFY THAT all statements herein and attachments herewith are true, complete, and correct to the best of my knowledge and belief and are made in good faith; that I am not a representative of a foreign government; that I waive any claim to the use of any particular frequency regardless of prior use by license or otherwise; and that the station to be licensed will be inaccessible to unauthorized persons.</p>											
<b>WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ATTACHMENTS ARE PUNISHABLE BY FINE AND IMPRISONMENT</b> U.S. CODE TITLE 18, SECTION 1001											
13. SIGNATURE OF APPLICANT: (Must match item 5)								14. DATE SIGNED:			
Sandra L. Moore								08-04-91			

ATTACH THE ORIGINAL LICENSE OR PHOTOCOPY HERE

SECTION II—EXAMINATION INFORMATION

SECTION II-A FOR NOVICE OPERATOR EXAMINATION ONLY. To be completed by the Administering VEs after completing the Administering VE's Report on the other side of this form.

CERTIFICATION

I CERTIFY THAT I have complied with the Administering VE requirements stated in Part 97 of the Commission's Rules; THAT I have administered to the applicant and graded an amateur radio operator examination in accordance with Part 97 of the Commission's Rules; THAT I have indicated in the Administering VE's Report the examination element(s) the applicant passed; THAT I have examined documents held by the applicant and I have indicated in the Administering VE's Report the examination element for which the applicant is given examination credit in accordance with Part 97 of the Commission's Rules.

1A. VOLUNTEER EXAMINER'S NAME: (First, MI, Last, Suffix) (Print or Type)

1B. VE'S MAILING ADDRESS: (Number, Street, City, State, ZIP Code)

1C. VE'S OPERATOR CLASS:

☐ GENERAL

☐ ADVANCED

☐ AMATEUR EXTRA

1D. VE'S STATION CALL SIGN

1E. LICENSE EXPIRATION DATE:

1F. IF YOU HAVE AN APPLICATION PENDING FOR YOUR LICENSE, GIVE FILING DATE:

1G. SIGNATURE: (Must match Item 1A)

DATE SIGNED

2A. VOLUNTEER EXAMINER'S NAME: (First, MI, Last, Suffix) (Print or Type)

2B. VE'S MAILING ADDRESS: (Number, Street, City, State, ZIP Code)

2C. VE'S OPERATOR CLASS:

☐ GENERAL

☐ ADVANCED

☐ AMATEUR EXTRA

2D. VE'S STATION CALL SIGN

2E. LICENSE EXPIRATION DATE:

2F. IF YOU HAVE AN APPLICATION PENDING FOR YOUR LICENSE, GIVE FILING DATE:

2G. SIGNATURE: (Must match Item 2A)

DATE SIGNED

SECTION II-B FOR TECHNICIAN, GENERAL, ADVANCED, OR AMATEUR EXTRA OPERATOR EXAMINATION ONLY. To be completed by the Administering VEs after completing the Administering VE's Report on the other side of this form.

CERTIFICATION

I CERTIFY THAT I have complied with the Administering VE requirements stated in Part 97 of the Commission's Rules; THAT I have administered to the applicant and graded an amateur radio operator examination in accordance with Part 97 of the Commission's Rules; THAT I have indicated in the Administering VE's Report the examination element(s) the applicant passed; THAT I have examined documents held by the applicant and I have indicated in the Administering VE's Report the examination element(s) for which the applicant is given examination credit in accordance with Part 97 of the Commission's Rules.

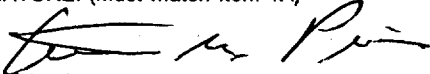
1A. VOLUNTEER EXAMINER'S NAME: (First, MI, Last, Suffix) (Print or Type)

Terence M. Pierce 9205

1B. VE'S STATION CALL SIGN:

KI6TY

1C. SIGNATURE: (Must match Item 1A)



DATE SIGNED:

08-04-91

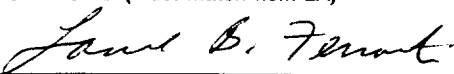
2A. VOLUNTEER EXAMINER'S NAME: (First, MI, Last, Suffix) (Print or Type)

Lance B. Ferranti 9804

2B. VE'S STATION CALL SIGN:

AB6DB

2C. SIGNATURE: (Must match Item 2A)



DATE SIGNED:

08-04-91

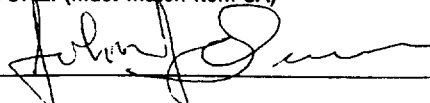
3A. VOLUNTEER EXAMINER'S NAME: (First, MI, Last, Suffix) (Print or Type)

John J. Quinn 6593

3B. VE'S STATION CALL SIGN:

KJ6HW

3C. SIGNATURE: (Must match Item 3A)



DATE SIGNED:

08-04-91



100% ~~passed~~ 9804  
9205

**W5YI-VEC PROGRAM**  
**EXAMINATION ANSWER SHEET**

(Print)

Name: Sandra L. Moore

Element: 3A Test Series: H901 Date: 8-4-91 Signature: Sandra L. Moore

- [1.] A ☐ B ☒ C ☐ D ☐  
[2.] A ☐ B ☐ C ☐ D ☒  
[3.] A ☒ B ☐ C ☐ D ☐  
[4.] A ☐ B ☒ C ☐ D ☐  
[5.] A ☐ B ☒ C ☐ D ☐  
[6.] A ☐ B ☐ C ☐ D ☒  
[7.] A ☐ B ☒ C ☐ D ☐  
[8.] A ☒ B ☐ C ☐ D ☐  
[9.] A ☐ B ☐ C ☒ D ☐  
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[13.] A ☐ B ☐ C ☒ D ☐  
[14.] A ☐ B ☒ C ☐ D ☐  
[15.] A ☒ B ☐ C ☐ D ☐  
[16.] A ☐ B ☐ C ☐ D ☒  
[17.] A ☒ B ☐ C ☐ D ☐  
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Total Minimum  
Quest- Correct  
ions to pass:

**NOVICE**

Element 2

30 22

**TECHNICIAN**

Element 3A

25 19

**GENERAL**

Element 3B

25 19

**ADVANCED**

Element 4A

50 37

**EXTRA CLASS**

Element 4B

40 30



- [26.] A ☐ B ☐ C ☐ D ☐  
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[49.] A ☐ B ☐ C ☐ D ☐  
[50.] A ☐ B ☐ C ☐ D ☐

100% L2. 9804  
Passed 8/20/05

W5YI-VEC PROGRAM  
EXAMINATION ANSWER SHEET

(Print)

Name: Sandra L. Moore

Element: 2 Test Series: 3 Date: 8-4-91 Signature: Sandra L. Moore

- [1.] A ☐ B ☐ C ☐ D ☒
- [2.] A ☒ B ☐ C ☐ D ☐
- [3.] A ☐ B ☒ C ☐ D ☐
- [4.] A ☐ B ☒ C ☐ D ☐
- [5.] A ☐ B ☐ C ☒ D ☐
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Quest- Correct  
ions to pass:

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**TECHNICIAN**

Element 3A

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**GENERAL**

Element 3B

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**ADVANCED**

Element 4A

50 37

**EXTRA CLASS**

Element 4B

40 30



- [26.] A ☒ B ☐ C ☐ D ☐
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- [50.] A ☐ B ☐ C ☐ D ☐

FEDERAL COMMUNICATIONS COMMISSION  
P.O. Box 1020  
GETTYSBURG, PA 17326

Approved OMB  
3060-0003  
Expires 12/31/89

APPLICATION FOR AMATEUR RADIO STATION AND/OR OPERATOR LICENSE

NO FCC FILING FEE REQUIRED (see instruction H)

ADMINISTERING VEs' REPORT		EXAMINATION ELEMENTS							
Applicant is credited for: <input checked="" type="checkbox"/>		1(A)	1(B)	1(C)	2	3(A)	3(B)	4(A)	4(B)
A. FCC Amateur license held (97.25(a)):	Class <input checked="" type="checkbox"/>	(NT)	(GA)		(NTGA)	(TGA)	(GA)	(A)	
B. CERTIFICATE(S) OF SUCCESSFUL COMPLETION OF AN EXAMINATION HELD (97.25(b)):	<input checked="" type="checkbox"/>	Date issued	Date issued	Date issued	Date issued	Date issued	Date issued	Date issued	Date issued
C. FCC Commercial Radiotelegraph Operator License held (97.25(c)):	Number: <input checked="" type="checkbox"/>			Exp Date					
D. Examination elements passed that were administered at this session:	<input checked="" type="checkbox"/>				X	X			
E. APPLICANT is qualified for operator license class: <input type="checkbox"/> None:					H. Date of VEC coordinated examination session: 8-4-91				
E1. <input type="checkbox"/> NOVICE (Elements 1(A), 1(B), or 1(C) and 2)					I. VEC Receipt Date: AUG 10 1991 <b>W5YI-VEC</b> P.O. BOX 565101 DALLAS, TEXAS 75356-5101				
E2. <input checked="" type="checkbox"/> TECHNICIAN (Elements 1(A), 1(B), or 1(C), 2 and 3(A))									
<input type="checkbox"/> GENERAL (Elements 1(B) or 1(C), 2, 3(A), and 3(B))									
<input type="checkbox"/> ADVANCED (Elements 1(B) or 1(C), 2, 3(A), 3(B) and 4(A))									
<input type="checkbox"/> AMATEUR EXTRA (Elements 1(C), 2, 3(A), 3(B), 4(A), and 4(B))									
F. Name of Volunteer-Examiner Coordinator: (VEC coordinated sessions only) W5YI-VEC									
G. Examination session location: (VEC coordinated sessions only) Venice, Ca.									
SECTION I									
1. IF YOU HOLD A VALID LICENSE ATTACH THE ORIGINAL LICENSE OR PHOTOCOPY ON BACK OF APPLICATION. IF THE VALID LICENSE OR CERTIFICATE OF SUCCESSFUL COMPLETION OF AN EXAMINATION WAS LOST OR DESTROYED, PLEASE EXPLAIN.									
2. CHECK ONE OR MORE ITEMS, NORMALLY ALL LICENSES ARE ISSUED FOR A 10 YEAR TERM.									
2A. <input type="checkbox"/> RENEW LICENSE—NO OTHER CHANGES <input checked="" type="checkbox"/>					EXPIRATION DATE (Month, Day, Year)				
2B. <input type="checkbox"/> REINSTATE LICENSE EXPIRED LESS THAN 2 YEARS <input checked="" type="checkbox"/>									
2C. <input checked="" type="checkbox"/> EXAMINATION FOR NEW LICENSE					FORMER LAST NAME SUFFIX (Jr., Sr., etc.)				
2D. <input type="checkbox"/> EXAMINATION TO UPGRADE OPERATOR CLASS									
2E. <input type="checkbox"/> CHANGE CALL SIGN (Be sure you are eligible—See Inst. 2E)					FORMER FIRST NAME MIDDLE INITIAL				
2F. <input type="checkbox"/> CHANGE NAME (Give former name) <input checked="" type="checkbox"/>									
2G. <input type="checkbox"/> CHANGE MAILING ADDRESS									
2H. <input type="checkbox"/> CHANGE STATION LOCATION									
3. CALL SIGN (If you checked 2C above, skip items 3 and 4)					4. OPERATOR CLASS OF THE ATTACHED LICENSE:				
5. CURRENT FIRST NAME William		M.I. C	LAST NAME CORWIN		SUFFIX (Jr., Sr., etc.)		6. DATE OF BIRTH (Month, Day, Year) 05-21-43		
7. CURRENT MAILING ADDRESS (Number and Street) 8013 KENTWOOD AVENUE					CITY LOS ANGELES		STATE	ZIP CODE	
8. CURRENT STATION LOCATION (Do not use a P.O. Box No., RFD No., or General Delivery. See instruction 8) Same as above					CITY LA		STATE CA		
9. Would a Commission grant of your application be an action which may have a significant environmental effect as defined by Section 1.1307 of the Commission's Rules? See instruction 9. If you answer yes, submit the statement as required by Sections 1.1308 and 1.1311. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO									
10. Do you have any other amateur radio application on file with the Commission that has not been acted upon? If yes, answer items 11 and 12. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO									
11. PURPOSE OF OTHER APPLICATION					12. DATE SUBMITTED (Month, Day, Year)				
CERTIFICATION									
I CERTIFY THAT all statements herein and attachments herewith are true, complete, and correct to the best of my knowledge and belief and are made in good faith; that I am not a representative of a foreign government; that I waive any claim to the use of any particular frequency regardless of prior use by license or otherwise; and that the station to be licensed will be inaccessible to unauthorized persons.									
WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ATTACHMENTS ARE PUNISHABLE BY FINE AND IMPRISONMENT U.S. CODE TITLE 18, SECTION 1001									
13. SIGNATURE OF APPLICANT: (Must match item 5) William C. Corwin					14. DATE SIGNED: 08-04-91				

ATTACH THE ORIGINAL LICENSE OR PHOTOCOPY HERE

SECTION II—EXAMINATION INFORMATION

SECTION II-A FOR NOVICE OPERATOR EXAMINATION ONLY. To be completed by the Administering VEs after completing the Administering VE's Report on the other side of this form.

CERTIFICATION

I CERTIFY THAT I have complied with the Administering VE requirements stated in Part 97 of the Commission's Rules; THAT I have administered to the applicant and graded an amateur radio operator examination in accordance with Part 97 of the Commission's Rules; THAT I have indicated in the Administering VE's Report the examination element(s) the applicant passed; THAT I have examined documents held by the applicant and I have indicated in the Administering VE's Report the examination element for which the applicant is given examination credit in accordance with Part 97 of the Commission's Rules.

1A. VOLUNTEER EXAMINER'S NAME: (First, MI, Last, Suffix) (Print or Type)

1B. VE'S MAILING ADDRESS: (Number, Street, City, State, ZIP Code)

1C. VE'S OPERATOR CLASS:

☐ GENERAL

☐ ADVANCED

☐ AMATEUR EXTRA

1D. VE'S STATION CALL SIGN

1E. LICENSE EXPIRATION DATE:

1F. IF YOU HAVE AN APPLICATION PENDING FOR YOUR LICENSE,  
GIVE FILING DATE:

1G. SIGNATURE: (Must match Item 1A)

DATE SIGNED

2A. VOLUNTEER EXAMINER'S NAME: (First, MI, Last, Suffix) (Print or Type)

2B. VE'S MAILING ADDRESS: (Number, Street, City, State, ZIP Code)

2C. VE'S OPERATOR CLASS:

☐ GENERAL

☐ ADVANCED

☐ AMATEUR EXTRA

2D. VE'S STATION CALL SIGN

2E. LICENSE EXPIRATION DATE:

2F. IF YOU HAVE AN APPLICATION PENDING FOR YOUR LICENSE,  
GIVE FILING DATE:

2G. SIGNATURE: (Must match Item 2A)

DATE SIGNED

SECTION II-B FOR TECHNICIAN, GENERAL, ADVANCED, OR AMATEUR EXTRA OPERATOR EXAMINATION ONLY. To be completed by the Administering VEs after completing the Administering VE's Report on the other side of this form.

CERTIFICATION

I CERTIFY THAT I have complied with the Administering VE requirements stated in Part 97 of the Commission's Rules; THAT I have administered to the applicant and graded an amateur radio operator examination in accordance with Part 97 of the Commission's Rules; THAT I have indicated in the Administering VE's Report the examination element(s) the applicant passed; THAT I have examined documents held by the applicant and I have indicated in the Administering VE's Report the examination element(s) for which the applicant is given examination credit in accordance with Part 97 of the Commission's Rules.

1A. VOLUNTEER EXAMINER'S NAME: (First, MI, Last, Suffix) (Print or Type)

TERENCE M. PIERCE 9205

1B. VE'S STATION CALL SIGN:

K16TY

1C. SIGNATURE: (Must match Item 1A)

*Terence M. Pierce*

DATE SIGNED:

08-04-91

2A. VOLUNTEER EXAMINER'S NAME: (First, MI, Last, Suffix) (Print or Type)

LANCE B. FERRANTI 9804

2B. VE'S STATION CALL SIGN:

AB6DB

2C. SIGNATURE: (Must match Item 2A)

*Lance B. Ferranti*

DATE SIGNED:

08-04-91

3A. VOLUNTEER EXAMINER'S NAME: (First, MI, Last, Suffix) (Print or Type)

JOHN J. QUINN 6593

3B. VE'S STATION CALL SIGN:

KJ6HW

3C. SIGNATURE: (Must match Item 3A)

*John J. Quinn*

DATE SIGNED:

08-04-91

-1 Passed *JA* 9804

W5YI-VEC PROGRAM  
EXAMINATION ANSWER SHEET

(Print)

Name: *WILLIAM C. CORWIN*

Element: *2* Test Series: *3* Date: *8-4-91* Signature: *William C. Corwin*

- [1.] A ☐ B ☐ C ☐ D ☒
- [2.] A ☒ B ☐ C ☐ D ☐
- [3.] A ☐ B ☒ C ☐ D ☐
- [4.] A ☐ B ☒ C ☐ D ☐
- [5.] A ☐ B ☐ C ☒ D ☐
- [6.] A ☐ B ☐ C ☒ D ☐
- [7.] A ☐ B ☒ C ☐ D ☐
- [8.] A ☐ B ☐ C ☒ D ☐
- [9.] A ☒ B ☐ C ☐ D ☐
- [10.] A ☒ B ☐ C ☐ D ☐
- [11.] A ☐ B ☒ C ☒ D ☐
- [12.] A ☐ B ☐ C ☐ D ☒
- [13.] A ☐ B ☒ C ☐ D ☐
- [14.] A ☐ B ☒ C ☐ D ☐
- [15.] A ☐ B ☐ C ☐ D ☒
- [16.] A ☐ B ☐ C ☒ D ☐
- [17.] A ☐ B ☒ C ☐ D ☐
- [18.] A ☐ B ☒ C ☐ D ☐
- [19.] A ☒ B ☐ C ☐ D ☐
- [20.] A ☐ B ☐ C ☒ D ☐
- [21.] A ☐ B ☒ C ☐ D ☐
- [22.] A ☐ B ☒ C ☐ D ☐
- [23.] A ☐ B ☐ C ☐ D ☒
- [24.] A ☒ B ☐ C ☐ D ☐
- [25.] A ☐ B ☐ C ☐ D ☒

Total Minimum  
Quest- Correct  
ions to pass:

**NOVICE**

Element 2

30 22

**TECHNICIAN**

Element 3A

25 19

**GENERAL**

Element 3B

25 19

**ADVANCED**

Element 4A

50 37

**EXTRA CLASS**

Element 4B

40 30



- [26.] A ☒ B ☐ C ☐ D ☐
- [27.] A ☒ B ☐ C ☐ D ☐
- [28.] A ☐ B ☐ C ☒ D ☐
- [29.] A ☒ B ☐ C ☐ D ☐
- [30.] A ☐ B ☐ C ☒ D ☐
- [31.] A ☐ B ☐ C ☐ D ☐
- [32.] A ☐ B ☐ C ☐ D ☐
- [33.] A ☐ B ☐ C ☐ D ☐
- [34.] A ☐ B ☐ C ☐ D ☐
- [35.] A ☐ B ☐ C ☐ D ☐
- [36.] A ☐ B ☐ C ☐ D ☐
- [37.] A ☐ B ☐ C ☐ D ☐
- [38.] A ☐ B ☐ C ☐ D ☐
- [39.] A ☐ B ☐ C ☐ D ☐
- [40.] A ☐ B ☐ C ☐ D ☐
- [41.] A ☐ B ☐ C ☐ D ☐
- [42.] A ☐ B ☐ C ☐ D ☐
- [43.] A ☐ B ☐ C ☐ D ☐
- [44.] A ☐ B ☐ C ☐ D ☐
- [45.] A ☐ B ☐ C ☐ D ☐
- [46.] A ☐ B ☐ C ☐ D ☐
- [47.] A ☐ B ☐ C ☐ D ☐
- [48.] A ☐ B ☐ C ☐ D ☐
- [49.] A ☐ B ☐ C ☐ D ☐
- [50.] A ☐ B ☐ C ☐ D ☐

H 901

-1 Passed 2-9804

T 9205

**W5YI-VEC PROGRAM**  
**EXAMINATION ANSWER SHEET**

(Print)

Name: William C. CorwinElement: 3A Test Series: H-901 Date: 8-4-91 Signature: William C. Corwin

- [1.] A ☐ B ☒ C ☐ D ☐  
 [2.] A ☐ B ☐ C ☐ D ☒  
 [3.] A ☒ B ☐ C ☐ D ☐  
 [4.] A ☐ B ☒ C ☐ D ☐  
 [5.] A ☐ B ☒ C ☐ D ☐  
 [6.] A ☐ B ☐ C ☐ D ☒  
 [7.] A ☐ B ☒ C ☐ D ☐  
 [8.] A ☒ B ☐ C ☐ D ☐  
 [9.] A ☐ B ☐ C ☒ D ☐  
 [10.] A ☐ B ☐ C ☒ D ☐  
 [11.] A ☐ B ☒ C ☐ D ☐  
 [12.] A ☐ B ☒ C ☐ D ☐  
 [13.] A ☐ B ☐ C ☒ D ☐  
 [14.] A ☐ B ☒ C ☐ D ☐  
 [15.] A ☒ B ☐ C ☐ D ☐  
 [16.] A ☐ B ☐ C ☒ D ☒  
 [17.] A ☒ B ☐ C ☐ D ☐  
 [18.] A ☐ B ☒ C ☐ D ☐  
 [19.] A ☐ B ☐ C ☒ D ☐  
 [20.] A ☐ B ☐ C ☒ D ☐  
 [21.] A ☐ B ☒ C ☐ D ☐  
 [22.] A ☐ B ☐ C ☒ D ☐  
 [23.] A ☐ B ☐ C ☒ D ☐  
 [24.] A ☐ B ☒ C ☐ D ☐  
 [25.] A ☐ B ☐ C ☒ D ☐

Total Minimum  
 Quest- Correct  
 ions to pass:

**NOVICE**

Element 2

30 22

**TECHNICIAN**

Element 3A

25 19

**GENERAL**

Element 3B

25 19

**ADVANCED**

Element 4A

50 37

**EXTRA CLASS**

Element 4B

40 30



- [26.] A ☐ B ☐ C ☐ D ☐  
 [27.] A ☐ B ☐ C ☐ D ☐  
 [28.] A ☐ B ☐ C ☐ D ☐  
 [29.] A ☐ B ☐ C ☐ D ☐  
 [30.] A ☐ B ☐ C ☐ D ☐  
 [31.] A ☐ B ☐ C ☐ D ☐  
 [32.] A ☐ B ☐ C ☐ D ☐  
 [33.] A ☐ B ☐ C ☐ D ☐  
 [34.] A ☐ B ☐ C ☐ D ☐  
 [35.] A ☐ B ☐ C ☐ D ☐  
 [36.] A ☐ B ☐ C ☐ D ☐  
 [37.] A ☐ B ☐ C ☐ D ☐  
 [38.] A ☐ B ☐ C ☐ D ☐  
 [39.] A ☐ B ☐ C ☐ D ☐  
 [40.] A ☐ B ☐ C ☐ D ☐  
 [41.] A ☐ B ☐ C ☐ D ☐  
 [42.] A ☐ B ☐ C ☐ D ☐  
 [43.] A ☐ B ☐ C ☐ D ☐  
 [44.] A ☐ B ☐ C ☐ D ☐  
 [45.] A ☐ B ☐ C ☐ D ☐  
 [46.] A ☐ B ☐ C ☐ D ☐  
 [47.] A ☐ B ☐ C ☐ D ☐  
 [48.] A ☐ B ☐ C ☐ D ☐  
 [49.] A ☐ B ☐ C ☐ D ☐  
 [50.] A ☐ B ☐ C ☐ D ☐



AMATEUR RADIO SERVICE - W5YI-VEC PROGRAM

# VOLUNTEER EXAMINER'S REPORT OF EXAMINATION SESSION

W5YI-VEC, P.O. BOX 565101, DALLAS, TX 75356-5101

**IMPORTANT:** This report must be attached to the Volunteer Examiner's Certification and the Manifest of Applicants being administered amateur radio examinations. This report becomes the cover sheet and totals for your examination session and is required by the FCC. Staple cover sheet & manifest to FCC 610's.

(1) EXAMINATION SESSION LOCATION: (City &amp; State)

Mar Vista, Ca.

(2) DATE OF EXAMINATION: (Month/Day/Year)

8-24-91

(3) NUMBER OF APPLICANTS THAT PARTICIPATED IN THE EXAMINATION SESSION AND...

(A) UPGRADED TO A HIGHER CLASS LICENSE:

8

(B) FAILED TO UPGRADE:

0

(C) TOTAL APPLICANTS TESTED: (C=A+B)

8

(D) PERCENT THAT UPGRADED: (D=A divided by C)

100

**NOTE:** Line "A" must equal the total number of successful applications being sent to the VEC. Line "B" must equal the number of candidates that failed to upgrade to any higher class of amateur radio license. Candidates that pass the Novice but fail to upgrade further are listed as "Failed to Upgrade." Applicants are also listed as a "Fail" if they pass a required higher class element (such as the code) but fail to pass all requirements necessary to upgrade (for example, the written examination.) Line "C" is the sum total of Lines "A" and "B" and must equal the number of candidates that the VE team tested at this session as listed on the manifest. Line "D" is the percentage of the total applicants appearing for testing that actually upgraded to a higher class of amateur radio operator license. ("D" equals "A" divided by "C".)

VEC use only

(4) TESTING FEES FORWARDED TO VEC: (Attach check)

\$ 24.00

**MAKE CHECK PAYABLE TO: W5YI-VEC**

Test fee is **\$2.25** for each candidate tested if ten or more total applicants tested (see Line "3C") or **\$3.00** each if nine or less are examined.

(5) PASS/FAIL RESULTS FOR EACH ELEMENT ADMINISTERED IN THE SESSION:

ELEMENT:	1A	1B	1C	2	3A	3B	4A	4B	TOTAL:
PASSED:	0	0	0	8	8	0	0	0	16
FAILED:	0	0	0	0	0	0	0	0	0
TOTAL:	0	0	0	8	8	0	0	0	16
% PASSED:	0 %	0 %	0 %	100 %	100 %	0 %	0 %	0 %	100 %

(6) CONTACT VE # PLUS VE'S WHO PARTICIPATED IN THIS EXAM:

5652  
VE #7059  
VE #9593A  
VE #  
VE #  
VE #  
VE #  
VE #

VE #

VE #

VE #

VE #

VE #

VE #

VE #

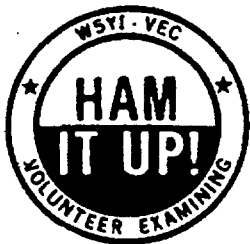
**SUCCESSFUL FORM 610'S MUST BE RETURNED TO THE VEC WITHIN 10 DAYS OF TESTING.**

Send to:  
(1st class  
Mail only)

W5YI-VEC  
PO Box 565101  
Dallas, TX 75356-5101

VEC Date Received

Reviewed by VEC (VE's leave blank)



AMATEUR RADIO SERVICE - W5YI-VEC PROGRAM

# VOLUNTEER EXAMINER'S CERTIFICATION

W5YI-VEC, P.O. BOX 565101, DALLAS, TX 75356-5101

To: All participating W5YI Volunteer Examiners

From: Fred Maia, W5YI-VEC

The FCC rules require certification from VE's that all expenses reimbursed during the calendar year were reasonable and necessary.

W5YI-VEC divides testing fees with its volunteer examining teams since there are test session expenses which must be paid. While we realize that most VE's do not receive any of these funds, (since disbursements are usually handled by the Contact VE,) we still need certifications from each VE that did participate in a testing session.

Additionally, every participating VE should agree that all examinations administered at this session were given fairly and according to the rules and regulations of the FCC and W5YI-VEC. The contact VE's should make sure that all VE's participating in an examination session agree with the testing procedures and sign this form. It must be returned along with the results of the examination and will be kept on file by W5YI for the calendar year.

THANK YOU for your cooperation

## VOLUNTEER EXAMINERS' CERTIFICATION:

All expenses for this calendar year, including this examination, associated with the Amateur Radio Service Volunteer Examination program for which reimbursement was obtained were necessarily and prudently incurred.

I concur that all examinations administered at this session were given fairly and in accordance with the rules and regulations of the FCC and W5YI-VEC.

### CONTACT VE:

Jon E. Johnson N6FDR 5652 MAR Vista, Cal. 8-24-91  
Signature Call Sign VE # Examination Session Location Date

### OTHER VE'S THAT PARTICIPATED IN THIS EXAMINATION SESSION:

<u>[Signature]</u> Signature	<u>N6UBW</u> Call Sign	<u>7059</u> VE #	_____ Signature	_____ Call Sign	_____ VE #
<u>Robert G. Brown Jr.</u> Signature	<u>N6MSC</u> Call Sign	<u>9593A</u> VE #	_____ Signature	_____ Call Sign	_____ VE #
_____ Signature	_____ Call Sign	_____ VE #	_____ Signature	_____ Call Sign	_____ VE #
_____ Signature	_____ Call Sign	_____ VE #	_____ Signature	_____ Call Sign	_____ VE #
_____ Signature	_____ Call Sign	_____ VE #	_____ Signature	_____ Call Sign	_____ VE #

(Use reverse side of form if additional Volunteer Examiners were used.)



W5YI-VEC -- VOLUNTEER EXAMINER PROGRAM  
**MANIFEST OF APPLICANTS**  
 BEING ADMINISTERED AMATEUR RADIO EXAMINATIONS

Place of Examination: (City & State) Mar Vista, Calif. Date of Exam: 8-24-91

List all applicants taking amateur radio operator examinations and the pass/fail results for each element administered.

			CHECK APPLICABLE BOXES											
			5-WPM	13-WPM	20-WPM	Novice	Tech.	General	Advan.	Extra	UPGR?			
			El. 1(A)	El. 1(B)	El. 1(C)	El. 2	El. 3(A)	El. 3(B)	El. 4(A)	El. 4(B)			Yes	No
NAME OF APPLICANT			Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Yes	No
CALL SIGN			Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Yes	No
PHONE NUMBER														
1.	Rick Stenlake	None	213-335-4606				/	/					/	
2.	Robert Reeves	None	213-257-2088				/	/					/	
3.	James Pham	None	213-679-7267				/	/					/	
4.	Sergio Fernandez	None	213-721-7100				/	/					/	
5.	Sandra Moore	None	213-379-7586				/	/					/	
6.	Christine McElwain	None	818-368-2123				/	/					/	
7.	George Madrid	None	213-225-0004				/	/					/	
8.	Gloria Stover	None	818-341-4882					/					/	
9.														
10.														
11.														
12.														
13.														
14.														
15.														
PAGE TOTALS:			00	00	00	07	08	00	00	00	00	00	08	00